


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000001864</b> 1. Entity Name BLUESCOPE STEEL TECHNOLOGY INC.	
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Principal Place of Business 111 WEST OCEAN BLVD., SUITE 1370 LONG BEACH, CA 90802	Mailing Address 111 WEST OCEAN BLVD., SUITE 1370 LONG BEACH, CA 90802
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04262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 94-3300208	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

000000346767  
04/30/05-00000 001 150.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHULZ, DIETER 111 W OCEAN BOULEVARD, SUITE 1370 LONG BEACH, CA 90802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARSHALL, JACK 111 W OCEAN BOULEVARD, SUITE 1370 LONG BEACH, CA 90802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BELL, STUART LEVEL 2, ADMIN BLDG., OLD PORT ROAD PORT KEMBLA, NEW SOUTH WALES,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBINSON, GREG FIVE ISLANDS RD PORT KEMBLA NEW SOUTH 2505 AUSTRALIA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, ALAN FIVE ISLANDS RD PORT KEMBLA NEW SOUTH 2505 AUSTRALIA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 (562) 628-0125  
Date Daytime Phone #